

**Plumbers Local 360  
Health and Welfare Fund  
Notice of Change Form**

Employee Member Name:	
Employee Member SS#:	

**Address Change**

From (Old Address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To (New Address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name Change**

From: \_\_\_\_\_

To: \_\_\_\_\_

**Add Dependent (s) due to:**     Marriage     Age     Adoption

**Term Dependent (s) due to:**     Divorce     Age     Death

Other \_\_\_\_\_

Dependent(s)     Add     Delete

Dependent Name	Relationship	Birthdate	Sex	Effective Date of Change

\_\_\_\_\_  
Employee Signature:

\_\_\_\_\_  
Date: